

EXHIBIT 21

SEP 29 2021

Participant must provide all of the information below **in English**: **PRIME CLERK**

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luis Alberto Garcia Dominguez

Participant's Address: HC 07 Box 3428 calle paz Ponce PR 00731-9657

Participant's Email Address: Torresden12@yahoo.com

Name of Counsel: Herman D. Bauer

Address of Counsel: 250 Munoz Rivera Ave Suite 800

Email Address of Counsel: San Juan P.R. 00918-1813

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS.

Nature of Claim: PROMESA Title 111

By: Luis A. Garcia Dominguez

Signature

Luis A. Garcia Dominguez

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Claim Number: 17 BK 3283-LTS

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Participant's Email Address: torresden12@yahoo.com

Name of Counsel: Herman D. Bauer

Address of Counsel: 250 Munoz Rivera Ave Suite 800

Email Address of Counsel: SanJuan P.R. 00918-1813

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17BK3283-LTS

Nature of Claim: PROMESA Title 111

By: Luis A. Garcia Dominguez
Signature

Luis A. Garcia Dominguez
Print Name

Title (if Participant is not an individual)

Date

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Name of Counsel: Herman D. Bauer

Address of Counsel: 250 Munoz Rivera Ave Suite 800

Email Address of Counsel: San Juan P.R. 00918-1813

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: PROMESA Title 11

By: Luis A. Garcia Dominguez
Signature

Luis A. Garcia Dominguez
Print Name

Title (if Participant is not an individual)

Date

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Garcia Dominguez Luis A
HC 07 BOX 3428
Ponce PR 00731-9607

MEMPHIS TN 380

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RECEIVED

SEP 20 2021

PRIME CLERK LLC

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